



Complete Summary

TITLE

Colon cancer screening: percent of patients receiving appropriate colorectal cancer screening.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of patients receiving appropriate colorectal cancer screening.

RATIONALE

This measure is based on the 2002 US Preventive Services Task Force (USPSTF) guidelines on colorectal cancer screening (CRC). These recommendations are incorporated into a Veterans Health Administration (VHA) directive (VHA Directive 2007-004, January 12, 2007).

Note re: age change from previous measure: Per the newly-published 2008 USPSTF guidelines, routine screening is no longer routinely recommended for those older than 75.

Note re: CT colonography and DNA-based stool CRC screening: CRC screening guidelines were recently jointly published by groups other than the USPSTF (Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. CA Cancer J Clin. 2008 May-Jun;58 (3):130-60.) These guidelines include CT colonography (CTC) every five years and stool DNA test with high sensitivity for cancer (unknown test interval) as acceptable screening modalities. Neither the USPSTF nor the Veterans Administration/Department of Defense (VA/DoD) Evidence-Based Practice Workgroup has adopted these two recommendations, and the 2008 USPSTF guidelines conclude that "the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer." Since current VA policy is under review, patients who have not undergone any other screening within the appropriate timeframes but have had a CTC within the previous five years or DNA-based stool CRC screening during the previous year will be excluded from the measure.

PRIMARY CLINICAL COMPONENT

Colorectal cancer; screening; three-card fecal occult blood test (FOBT), guaiac-based or immunochemical-based (FIT); flexible sigmoidoscopy; colonoscopy; double contrast/air contrast barium enema

DENOMINATOR DESCRIPTION

Patients from the NEXUS Clinics cohort 51 to 75 years old at the time of the qualifying visit (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients receiving appropriate colorectal cancer screening (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 51 to 75 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the NEXUS Clinics cohort* 51 to 75 years old

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the NEXUS Clinics cohort 51 to 75 years old at the time of the qualifying visit

Exclusions

- Terminal illness as indicated by documented diagnosis of cancer of the esophagus, liver or pancreas

- Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
- Documented in the medical record as having a life expectancy of less than 6 months on the PROBLEM LIST, or as a Health Factor in Computerized Patient Reporting System (CPRS)
- Diagnosis of colorectal cancer (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes 153.x, 154.0, 154.1, 197.5, V10.05) or total colectomy (ICD-9-CM code 45.8)
- Patients who have not undergone any other screening within the appropriate timeframes who have had CT colonography (CTC) performed during the previous five years or DNA-based stool colorectal cancer (CRC) screening during the previous year.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients receiving appropriate colorectal cancer screening*

***Appropriate Colorectal Cancer Screening** consists of any of the following:

- Three-card fecal occult blood test (FOBT), either guaiac-based or immunochemical-based (FIT), during the past year
- Flexible sigmoidoscopy during the past 5 years
- Colonoscopy during the past 10 years
- Double contrast/air contrast barium enema during the past 5 years

Refer to the original measure documentation for further details.

Exclusions

FOBT: Laboratory report of fewer than 3 cards (including fewer than three immunochemical-based FOBTs), tests from digital rectal exam, or tests performed for reasons other than colorectal cancer screening are not accepted as adequate colorectal cancer screening for purposes of this measure.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Laboratory data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Colon cancer screening.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Performance Measures](#)

MEASURE SUBSET NAME

[Effectiveness of Care -- Prevention and Screening](#)

DEVELOPER

Veterans Health Administration

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2009 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

MEASURE AVAILABILITY

The individual measure, "Colon Cancer Screening," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

For more information contact:

Department of Veterans Affairs
Office of Quality and Performance (10Q)
ATTN: Lynnette Nilan, E-mail: lynnette.nilan@va.gov or
Tammy Czarnecki, E-mail: tammy.czarnecki2@va.gov

NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002. This NQMC summary was updated by ECRI Institute on December 7, 2004 and again on January 10, 2008. The information was not verified by the measure developer. This NQMC summary was updated again by ECRI Institute on December 11, 2009. The information was verified by the measure developer on March 22, 2010.

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